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APPLICANTS

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** CONTINUING DATA *do same*** FOREIGN APPLICATIONS *do same*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 03/05/2002

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no		
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance		
Verified and Acknowledged <i>[Signature]</i>	Examiner's Signature <i>do</i> Initials		
STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
WA	6	22	6

ADDRESS

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TITLE

Pen out-of-proximity handwriting-recognition trigger

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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